

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. 09/367670	FILING DATE
						APPLICANT(S)	
CLAIMS							
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
1	/						51
2		/					52
3		/					53
4		/					54
5	/						55
6		/					56
7		/					57
8		/					58
9		/					59
10	/						60
11		/					61
12		/					62
13		/					63
14		/					64
15		/					65
16	/						66
17		/					67
18		/					68
19		/					69
20							70
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38							88
39							89
40							90
41							91
42							92
43							93
44							94
45							95
46							96
47							97
48							98
49							99
50							100
TOTAL IND.	3						TOTAL IND.
TOTAL DEP.	16	↓	↓	↓			TOTAL DEP.
TOTAL CLAIMS	19						TOTAL CLAIMS